<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| SHORT - DESCRIPTION |
|--------------------------------|
| AMBULANCE SERVICE, ADVANCED LI |
| AMBULANCE SERVICE, ADVANCED LI |
| ADVANCED LIFE SUPPORT, LEVEL 2 |
| RADIOPHARMACEUTICAL, DIAGNOSTI |
| THALLIUM TL-201 THALLOUS CHLOR |
| TECHNETIUM TC-99M PERTECHNETAT |
| IODINE I-123 SODIUM IODIDE, DI |
| TECHNETIUM TC-99M EXAMETAZIME, |
| IODINE I-131 SODIUM IODIDE CAP |
| TECHNETIUM TC-99M MEBROFENIN, |
| TECHNETIUM TC-99M MACROAGGREGA |
| TECHNETIUM TC-99M SULFUR COLLO |
| RUBIDIUM RB-82, DIAGNOSTIC, PE |
| GALLIUM GA-67 CITRATE, DIAGNOS |
| XENON XE-133 GAS, DIAGNOSTIC, |
| TECHNETIUM TC-99M LABELED RED |
| TECHNETIUM TC-99M OXIDRONATE, |
| TECHNETIUM TC-99M MERTIATIDE, |
| TECHNETIUM TC-99M PENTETATE, D |
| GALLIUM GA-68, DOTATATE, DIAGN |
| FLUCICLOVINE F-18, DIAGNOSTIC, |
| HEMOSTATIC AGENT, GASTROINTEST |
| INTRAVERTEBRAL BODY FRACTURE A |
| HYPERBARIC OXYGEN UNDER PRESSU |
| ANCHOR/SCREW FOR OPPOSING BONE |
| CATHETER, TRANSLUMINAL ATHEREC |
| BRACHYTHERAPY NEEDLE |
| BRACHYTHERAPY SOURCE, NON-STRA |
| BRACHYTHERAPY SOURCE, NON-STRA |
| BRACHYTHERAPY SOURCE, NON-STRA |
| |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| C1722 C. C1724 C. C1725 C. C1726 C. C1727 C. C1728 C. C1729 C. C1730 C. C1731 C. C1732 C. C1733 C. | CARDIOVERTER-DEFIBRILLATOR, DU CARDIOVERTER-DEFIBRILLATOR, SI CATHETER, TRANSLUMINAL ATHEREC CATHETER, TRANSLUMINAL ANGIOPL CATHETER, BALLOON DILATATION, CATHETER, BALLOON TISSUE DISSE CATHETER, BRACHYTHERAPY SEED A CATHETER, DRAINAGE |
|--|--|
| C1724 C. C1725 C. C1726 C. C1727 C. C1728 C. C1729 C. C1730 C. C1731 C. C1732 C. C1733 C. | CATHETER, TRANSLUMINAL ATHEREC CATHETER, TRANSLUMINAL ANGIOPL CATHETER, BALLOON DILATATION, CATHETER, BALLOON TISSUE DISSE CATHETER, BRACHYTHERAPY SEED A |
| C1725 C. C1726 C. C1727 C. C1728 C. C1729 C. C1730 C. C1731 C. C1732 C. C1733 C. | CATHETER, TRANSLUMINAL ANGIOPL CATHETER, BALLOON DILATATION, CATHETER, BALLOON TISSUE DISSE CATHETER, BRACHYTHERAPY SEED A |
| C1726 C. C1727 C. C1728 C. C1729 C. C1730 C. C1731 C. C1732 C. C1733 C. | CATHETER, BALLOON DILATATION, CATHETER, BALLOON TISSUE DISSE CATHETER, BRACHYTHERAPY SEED A |
| C1727 C. C1728 C. C1729 C. C1730 C. C1731 C. C1732 C. C1733 C. | CATHETER, BALLOON TISSUE DISSE CATHETER, BRACHYTHERAPY SEED A |
| C1728 C. C1729 C. C1730 C. C1731 C. C1732 C. C1733 C. | CATHETER, BRACHYTHERAPY SEED A |
| C1729 C. C1730 C. C1731 C. C1732 C. C1733 C. | |
| C1730 C. C1731 C. C1732 C. C1733 C. | CATHETER, DRAINAGE |
| C1731 C. C1732 C. C1733 C. | |
| C1732 C. | CATHETER, ELECTROPHYSIOLOGY, D |
| C1733 C | CATHETER, ELECTROPHYSIOLOGY, D |
| | CATHETER, ELECTROPHYSIOLOGY, D |
| C4704 | CATHETER, ELECTROPHYSIOLOGY, D |
| C1734 O | ORTHOPEDIC/DEVICE/DRUG MATRIX |
| C1748 EI | ENDOSCOPE, SINGLE-USE (I.E. DI |
| C1749 EI | ENDOSCOPE, RETROGRADE IMAGING/ |
| C1750 C | CATHETER, HEMODIALYSIS, LONG-T |
| C1751 C | CATHETER, INFUSION, INSERTED P |
| C1752 C | CATHETER, HEMODIALYSIS, SHORT- |
| C1753 C | CATHETER, INTRAVASCULAR ULTRAS |
| C1754 C | CATHETER, INTRADISCAL |
| C1755 C | CATHETER, INTRASPINAL |
| C1756 C | CATHETER, PACING, TRANSESOPHAG |
| C1757 C | CATHETER, THROMBECTOMY/EMBOLEC |
| C1758 C | CATHETER, URETERAL |
| C1759 C | CATHETER, INTRACARDIAC ECHOCAR |
| C1760 C | CLOSURE DEVICE, VASCULAR (IMPL |
| C1762 C | CONNECTIVE TISSUE, HUMAN (INCL |
| C1763 C | CONNECTIVE TISSUE, NON-HUMAN (|
| C1764 E | |
| C1765 AI | EVENT RECORDER, CARDIAC (IMPLA |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| CPT/HCPCS | SHORT - DESCRIPTION |
|-----------|--------------------------------|
| C1766 | INTRODUCER/SHEATH, GUIDING, IN |
| C1767 | GENERATOR, NEUROSTIMULATOR (IM |
| C1768 | GRAFT, VASCULAR |
| C1769 | GUIDE WIRE |
| C1770 | IMAGING COIL, MAGNETIC RESONAN |
| C1771 | REPAIR DEVICE, URINARY, INCONT |
| C1772 | INFUSION PUMP, PROGRAMMABLE (I |
| C1773 | RETRIEVAL DEVICE, INSERTABLE (|
| C1776 | JOINT DEVICE (IMPLANTABLE) |
| C1777 | LEAD, CARDIOVERTER-DEFIBRILLAT |
| C1778 | LEAD, NEUROSTIMULATOR (IMPLANT |
| C1779 | LEAD, PACEMAKER, TRANSVENOUS V |
| C1780 | LENS, INTRAOCULAR (NEW TECHNOL |
| C1781 | MESH (IMPLANTABLE) |
| C1782 | MORCELLATOR |
| C1783 | OCULAR IMPLANT, AQUEOUS DRAINA |
| C1784 | OCULAR DEVICE, INTRAOPERATIVE, |
| C1785 | PACEMAKER, DUAL CHAMBER, RATE- |
| C1786 | PACEMAKER, SINGLE CHAMBER, RAT |
| C1787 | PATIENT PROGRAMMER, NEUROSTIMU |
| C1788 | PORT, INDWELLING (IMPLANTABLE) |
| C1789 | PROSTHESIS, BREAST (IMPLANTABL |
| C1813 | PROSTHESIS, PENILE, INFLATABLE |
| C1814 | RETINAL TAMPONADE DEVICE, SILI |
| C1815 | PROSTHESIS, URINARY SPHINCTER |
| C1816 | RECEIVER AND/OR TRANSMITTER, N |
| C1817 | SEPTAL DEFECT IMPLANT SYSTEM, |
| C1818 | INTEGRATED KERATOPROSTHESIS |
| C1819 | SURGICAL TISSUE LOCALIZATION A |
| C1820 | GENERATOR, NEUROSTIMULATOR (IM |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| SHORT - DESCRIPTION | |
|--------------------------------|--|
| INTERSPINOUS PROCESS DISTRACTI | |
| GENERATOR, NEUROSTIMULATOR (IM | |
| GENERATOR, CARDIAC CONTRACTILI | |
| GENERATOR, NEUROSTIMULATOR (IM | |
| POWERED BONE MARROW BIOPSY NEE | |
| IRIS PROSTHESIS | |
| LENS, INTRAOCULAR (TELESCOPIC) | |
| RETINAL PROSTHESIS, INCLUDES A | |
| SKIN SUBSTITUE, SYNTHETIC, RES | |
| STENT, COATED/COVERED, WITH DE | |
| STENT, COATED/COVERED, WITHOUT | |
| STENT, NON-COATED/NON-COVERED, | |
| STENT, NON-COATED/NON-COVERED, | |
| MATERIAL FOR VOCAL CORD MEDIAL | |
| VENA CAVA FILTER | |
| DIALYSIS ACCESS SYSTEM (IMPLAN | |
| CARDIOVERTER-DEFIBRILLATOR, OT | |
| ADAPTOR/EXTENSION, PACING LEAD | |
| EMBOLIZATION PROTECTIVE SYSTEM | |
| CATHETER, TRANSLUMINAL ANGIOPL | |
| CATHETER, EXTRAVASCULAR TISSUE | |
| CATHETER, GUIDING (MAY INCLUDE | |
| CATHETER, ABLATION, NON-CARDIA | |
| INFUSION PUMP, NON-PROGRAMMABL | |
| INTRODUCER/SHEATH, GUIDING, IN | |
| INTRODUCER/SHEATH, GUIDING, IN | |
| INTRODUCER/SHEATH, OTHER THAN | |
| LEAD, CARDIOVERTER-DEFIBRILLAT | |
| LEAD, CARDIOVERTER-DEFIBRILLAT | |
| LEAD, NEUROSTIMULATOR TEST KIT | |
| | INTERSPINOUS PROCESS DISTRACTI GENERATOR, NEUROSTIMULATOR (IM GENERATOR, CARDIAC CONTRACTILI GENERATOR, NEUROSTIMULATOR (IM POWERED BONE MARROW BIOPSY NEE IRIS PROSTHESIS LENS, INTRAOCULAR (TELESCOPIC) RETINAL PROSTHESIS, INCLUDES A SKIN SUBSTITUE, SYNTHETIC, RES STENT, COATED/COVERED, WITH DE STENT, COATED/COVERED, WITH DE STENT, COATED/COVERED, WITHOUT STENT, NON-COATED/NON-COVERED, MATERIAL FOR VOCAL CORD MEDIAL VENA CAVA FILTER DIALYSIS ACCESS SYSTEM (IMPLAN CARDIOVERTER-DEFIBRILLATOR, OT ADAPTOR/EXTENSION, PACING LEAD EMBOLIZATION PROTECTIVE SYSTEM CATHETER, TRANSLUMINAL ANGIOPL CATHETER, EXTRAVASCULAR TISSUE CATHETER, ABLATION, NON-CARDIA INFUSION PUMP, NON-PROGRAMMABL INTRODUCER/SHEATH, GUIDING, IN INTRODUCER/SHEATH, GUIDING, I |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| SHORT - DESCRIPTION | |
|--------------------------------|---|
| LEAD, PACEMAKER, OTHER THAN TR | |
| LEAD, PACEMAKER/CARDIOVERTER-D | |
| LEAD, LEFT VENTRICULAR CORONAR | |
| CATHETER, PRESSURE-GENERATING, | |
| PROBE, IMAGE-GUIDED, ROBOTIC, | |
| LUNG BIOPSY PLUG WITH DELIVERY | |
| PROBE, PERCUTANEOUS LUMBAR DIS | |
| SEALANT, PULMONARY, LIQUID | |
| BRACHYTHERAPY SOURCE, NON-STRA | |
| STENT, NON-CORONARY, TEMPORARY | |
| PROBE/NEEDLE, CRYOABLATION | |
| PACEMAKER, DUAL CHAMBER, NON R | |
| PACEMAKER, SINGLE CHAMBER, NON | |
| PACEMAKER, OTHER THAN SINGLE O | |
| PROSTHESIS, PENILE, NON-INFLAT | |
| CATHETER, TRANSLUMINAL ANGIOPL | |
| IMPLANTABLE WIRELESS PULMONARY | |
| STENT, NON-CORONARY, TEMPORARY | |
| INFUSION PUMP, NON-PROGRAMMABL | |
| CATHETER, SUPRAPUBIC/CYSTOSCOP | |
| CATHETER, OCCLUSION | |
| INTRODUCER/SHEATH, OTHER THAN | |
| CATHETER, ELECTROPHYSIOLOGY, D | |
| REPAIR DEVICE, URINARY, INCONT | |
| BRACHYTHERAPY SOURCE, NON-STRA | |
| BRACHYTHERAPY SOURCE, NON-STRA | |
| BRACHYTHERAPY LINEAR SOURCE, N | |
| BRACHYTHERAPY SOURCE, NON-STRA | |
| BRACHYTHERAPY SOURCE, STRANDED | |
| BRACHYTHERAPY SOURCE, NON-STRA | |
| | LEAD, PACEMAKER, OTHER THAN TR LEAD, PACEMAKER/CARDIOVERTER-D LEAD, LEFT VENTRICULAR CORONAR CATHETER, PRESSURE-GENERATING, PROBE, IMAGE-GUIDED, ROBOTIC, LUNG BIOPSY PLUG WITH DELIVERY PROBE, PERCUTANEOUS LUMBAR DIS SEALANT, PULMONARY, LIQUID BRACHYTHERAPY SOURCE, NON-STRA STENT, NON-CORONARY, TEMPORARY PROBE/NEEDLE, CRYOABLATION PACEMAKER, DUAL CHAMBER, NON R PACEMAKER, SINGLE CHAMBER, NON PACEMAKER, OTHER THAN SINGLE O PROSTHESIS, PENILE, NON-INFLAT CATHETER, TRANSLUMINAL ANGIOPL IMPLANTABLE WIRELESS PULMONARY STENT, NON-CORONARY, TEMPORARY INFUSION PUMP, NON-PROGRAMMABL CATHETER, SUPAPUBIC/CYSTOSCOP CATHETER, OCCLUSION INTRODUCER/SHEATH, OTHER THAN CATHETER, ELECTROPHYSIOLOGY, D REPAIR DEVICE, URINARY, INCONT BRACHYTHERAPY SOURCE, NON-STRA BRACHYTHERAPY SOURCE, NON-STRA BRACHYTHERAPY SOURCE, NON-STRA BRACHYTHERAPY SOURCE, STRANDED |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| CPT/HCPCS | SHORT - DESCRIPTION | |
|-----------|--------------------------------|--|
| C2640 | BRACHYTHERAPY SOURCE, STRANDED | |
| C2641 | BRACHYTHERAPY SOURCE, NON-STRA | |
| C2642 | BRACHYTHERAPY SOURCE, STRANDED | |
| C2643 | BRACHYTHERAPY SOURCE, NON-STRA | |
| C2644 | BRACHYTHERAPY SOURCE, CESIUM-1 | |
| C2645 | BRACHYTHERAPY PLANAR SOURCE, P | |
| C2698 | BRACHYTHERAPY SOURCE, STRANDED | |
| C2699 | BRACHYTHERAPY SOURCE, NON-STRA | |
| C5271 | APPLICATION OF LOW COST SKIN S | |
| C5272 | APPLICATION OF LOW COST SKIN S | |
| C5273 | APPLICATION OF LOW COST SKIN S | |
| C5274 | APPLICATION OF LOW COST SKIN S | |
| C5275 | APPLICATION OF LOW COST SKIN S | |
| C5276 | APPLICATION OF LOW COST SKIN S | |
| C5277 | APPLICATION OF LOW COST SKIN S | |
| C5278 | APPLICATION OF LOW COST SKIN S | |
| C8900 | MAGNETIC RESONANCE ANGIOGRAPHY | |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPHY | |
| C8902 | MAGNETIC RESONANCE ANGIOGRAPHY | |
| C8903 | MAGNETIC RESONANCE IMAGING WIT | |
| C8905 | MAGNETIC RESONANCE IMAGING WIT | |
| C8906 | MAGNETIC RESONANCE IMAGING WIT | |
| C8908 | MAGNETIC RESONANCE IMAGING WIT | |
| C8909 | MAGNETIC RESONANCE ANGIOGRAPHY | |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPHY | |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPHY | |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPHY | |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPHY | |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPHY | |
| C8918 | MAGNETIC RESONANCE ANGIOGRAPHY | |
| J | 1 | |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| SHORT - DESCRIPTION | |
|--------------------------------|--|
| MAGNETIC RESONANCE ANGIOGRAPHY | |
| MAGNETIC RESONANCE ANGIOGRAPHY | |
| TRANSTHORACIC ECHOCARDIOGRAPHY | |
| TRANSESOPHAGEAL ECHOCARDIOGRAP | |
| TRANSESOPHAGEAL ECHOCARDIOGRAP | |
| TRANSESOPHAGEAL ECHOCARDIOGRAP | |
| TRANSTHORACIC ECHOCARDIOGRAPHY | |
| TRANSTHORACIC ECHOCARDIOGRAPHY | |
| TRANSTHORACIC ECHOCARDIOGRAPHY | |
| MAGNETIC RESONANCE ANGIOGRAPHY | |
| IV INFUS FOR THER/DIAG PROLONG | |
| INJECTION, OBINUTUZUMAB, 10 MG | |
| INJECTION, COAGULATION FACTOR | |
| INJECTION, CAPLACIZUMAB-YHDP, | |
| INJECTION, LEFAMULIN (XENLETA) | |
| INJECTION, BREXANOLONE, 1MG | |
| INJECTION, MELOXICAM, 1 MG | |
| INJECTION, TEPROTUMUMAB-TRBW, | |
| INJECTION, EPTINEZUMAB-JJMR, 1 | |
| INJECTION, ROMIDEPSIN, NON-LYP | |
| GALLIUM GA-68, DOTATOC, DIAGNO | |
| COPPER CU-64, DOTATATE, DIAGNO | |
| | MAGNETIC RESONANCE ANGIOGRAPHY TRANSTHORACIC ECHOCARDIOGRAPHY TRANSTHORACIC ECHOCARDIOGRAPH TRANSESOPHAGEAL ECHOCARDIOGRAP TRANSESOPHAGEAL ECHOCARDIOGRAP TRANSESOPHAGEAL ECHOCARDIOGRAP TRANSTHORACIC ECHOCARDIOGRAPHY TRANSTHORACIC ECHOCARDIOGRAPHY TRANSTHORACIC ECHOCARDIOGRAPHY MAGNETIC RESONANCE ANGIOGRAPHY MISSONANCE ANGIOGRAPHY MISSONANCE ANGIOGRAPHY MISSONANCE ANGIOGRAPHY MISSONANCE ANGIOGRAPHY IV INFUS FOR THERVIDIAG PROLONG INJECTION, OBINUTUZUMAB, 10 MG INJECTION, COAGULATION FACTOR INJECTION, CAPLACIZUMAB-YHDP, INJECTION, LEFAMULIN (XENLETA) INJECTION, BEXANOLONE, 1MG INJECTION, BEXANOLONE, 1MG INJECTION, TEPROTUMUMAB-TRBW, INJECTION, TEPROTUMUMAB-JJMR, 1 INJECTION, TEPROTUMUMAB-JJMR, 1 INJECTION, ROMIDEPSIN, NON-LYP GALLIUM GA-68, DOTATOC, DIAGNO |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| CPT/HCPCS | SHORT - DESCRIPTION |
|-----------|--------------------------------|
| C9069 | INJECTION, BELANTAMAB MAFODONT |
| C9070 | INJECTION, TAFASITAMAB-CXIX, 2 |
| C9071 | INJECTION, VILTOLARSEN, 10 MG |
| C9072 | INJECTION, IMMUNE GLOBULIN (AS |
| C9073 | BREXUCABTAGENE AUTOLEUCEL, UP |
| C9113 | INJECTION, PANTOPRAZOLE SODIUM |
| C9122 | MOMETASONE FUROATE SINUS IMPLA |
| C9132 | PROTHROMBIN COMPLEX CONCENTRAT |
| C9248 | INJECTION, CLEVIDIPINE BUTYRAT |
| C9250 | HUMAN PLASMA FIBRIN SEALANT 2 |
| C9285 | LIDOCAINE 70 MG/TETRACAINE 70 |
| C9290 | INJECTION, BUPIVACAINE LIPOSOM |
| C9293 | INJECTION, GLUCARPIDASE, 10 UN |
| C9352 | MICROPOROUS COLLAGEN IMPLANTAB |
| C9353 | MICROPOROUS COLLAGEN IMPLANTAB |
| C9354 | ACELLULAR PERICARD TISSUE MATR |
| C9355 | COLLAGEN NERVE CUFF PER 0.5 CE |
| C9356 | TENDON, POROUS MATRIX OF CROSS |
| C9358 | DERMAL SUBSTITUTE, NATIVE, NON |
| C9359 | POROUS PURIFIED COLLAGEN MATRI |
| C9360 | DERMAL SUBSTITUTE, NATIVE, NON |
| C9361 | COLLAGEN MATRIX NERVE WRAP PER |
| C9362 | POROUS PURIFIED COLLAGEN MATRI |
| C9363 | SKIN SUBSTITUTE, INTEGRA MESHE |
| C9364 | PORCINE IMPLANT, PERMACOL,PER |
| C9367 | SKIN SUBSTITUTE, ENDOFORM DERM |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOGIC |
| C9441 | INJECTION, FERRIC CARBOXYMALTO |
| C9460 | INJECTION, CANGRELOR, 1 MG |
| C9600 | PERCUTANEOUS TRANSCATHETER PLA |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| CPT/HCPCS | SHORT - DESCRIPTION | |
|-----------|--------------------------------|--|
| C9601 | PERCUTANEOUS TRANSCATHETER PLA | |
| C9602 | PERCUTANEOUS TRANSLUMINAL CORO | |
| C9603 | PERCUTANEOUS TRANSLUMINAL CORO | |
| C9604 | PERCUTANEOUS TRANSLUMINAL REVA | |
| C9605 | PERCUTANEOUS TRANSLUMINAL REVA | |
| C9606 | PERCUTANEOUS TRANSLUMINAL REVA | |
| C9607 | PERCUTANEOUS TRANSLUMINAL REVA | |
| C9608 | PERCUTANEOUS TRANSLUMINAL REVA | |
| C9716 | CREATIONS OF THERMAL ANAL LESI | |
| C9725 | PLACEMENT OF ENDORECTAL INTRAC | |
| C9726 | PLACEMENT & REMOV APPLIC IN BR | |
| C9727 | INSERTION OF IMPLANTS INTO SOF | |
| C9728 | PLACEMENT OF INTERSTITIAL DEVI | |
| C9733 | NON-OPHTHALMIC FLUORESCENT VAS | |
| C9735 | ANOSCOPY: WITH DIRECTED SUBMUC | |
| C9739 | CYSTOURETHROSCOPY, W/TRANSPROS | |
| C9740 | CYSTOURETHROSCOPY W/TRANSPROST | |
| C9756 | INTRAOPERATIVE NEAR-INFRARED F | |
| C9757 | LAMINOTOMY (HEMILAMINECTOMY), | |
| C9758 | BLINDED PROCEDURE FOR NYHA CLA | |
| C9759 | TRANSCATHETER INTRAOPERATIVE B | |
| C9760 | NON-RANDOMIZED, NON-BLINDED PR | |
| C9761 | CYSTOURETHROSCOPY, WITH URETER | |
| C9762 | CARDIAC MAGNETIC RESONANCE IMA | |
| C9763 | CARDIAC MAGNETIC RESONANCE IMA | |
| C9764 | REVASCULARIZATION, ENDOVASCULA | |
| C9765 | REVASCULARIZATION, ENDOVASCULA | |
| C9766 | REVASCULARIZATION, ENDOVASCULA | |
| C9768 | ENDOSCOPIC ULTRASOUND-GUIDED D | |
| C9769 | CYSTOURETHROSCOPY, WITH INSERT | |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| SHORT - DESCRIPTION | |
|--------------------------------|---|
| VITRECTOMY, MECHANICAL, PARS P | |
| NASAL/SINUS ENDOSCOPY, CRYOABL | |
| REVASCULARIZATION, ENDOVASCULA | |
| INJECT INFLUENZA VACCINE | |
| INJECT PNEUMOCOCCAL VACCINE | |
| DIABETES OP SELF MNGMT TX SERV | |
| DIABETES SELF MNGMT SERV GRP S | |
| SCR CYTO C/V THIN PREP AUTO | |
| OCCUPATIONAL THERAPY SERVICES | |
| SCHEDULED INTERDISCIPLINARY TE | |
| ACTIVITY THERAPY, SUCH AS MUSI | |
| TRAINING AND EDUCATIONAL SERVI | |
| THERAPEUTIC PROCEDURES TO IMPR | |
| PLACEMENT OF OCCLUSIVE DEVICE | |
| ELECTRICAL STIMULATION (UNATTE | |
| IMAGE-GUIDED ROBOTIC LINEAR AC | |
| IMAGE-GUIDED ROBOTIC LINEAR AC | |
| HOSPITAL OBSERVATION SERVICE, | |
| GROUP PSYCHOTHERAPY OTHER THAN | |
| INTERACTIVE GROUP PSYCHOTHERAP | |
| HOSPITAL OUTPATIENT CLINIC VIS | |
| AMANTADINE HYDROCHLORIDE, ORAL | |
| OUTPATIENT INTRAVENOUS INSULIN | |
| CAPSAICIN 8% PATCH, PER SQUARE | |
| PREDNISONE, IMMEDIATE RELEASE | |
| IMMUNOSUPPRESSIVE DRUG, NOT OT | |
| NOC DRUGS, INHALATION SOLUTION | · |
| | VITRECTOMY, MECHANICAL, PARS P NASAL/SINUS ENDOSCOPY, CRYOABL REVASCULARIZATION, ENDOVASCULA REVASCULARIZATION, ENDOVASCULA REVASCULARIZATION, ENDOVASCULA REVASCULARIZATION, ENDOVASCULA REVASCULARIZATION, ENDOVASCULA REVASCULARIZATION, ENDOVASCULA INJECT INFLUENZA VACCINE DIABETES OP SELF MNGMT TX SERV DIABETES OP SELF MNGMT TX SERV DIABETES SELF MNGMT SERV GRP S SCR CYTO CAY THIN PREP AUTO OCCUPATIONAL THERAPY SERVICES SCHEDULED INTERDISCIPLINARY TE ACTIVITY THERAPY, SUCH AS MUSI TRAINING AND EDUCATIONAL SERVI THERAPEUTIC PROCEDURES TO IMPR PLACEMENT OF OCCLUSIVE DEVICE ELECTRICAL STIMULATION (UNATTE IMAGE-GUIDED ROBOTIC LINEAR AC HOSPITAL OBSERVATION SERVICE, GROUP PSYCHOTHERAPY OTHER THAN INTERACTIVE GROUP PSYCHOTHERAP HOSPITAL OUTPATIENT CLINIC VIS AMANTADINE HYDROCHLORIDE, ORAL OUTPATIENT INTRAVENOUS INSULIN CAPSAICIN 8% PATCH, PER SQUARE PREONISONE, IMMEDIATE RELEASE IMMUNOSUPPRESSIVE DRUG, NOT OT |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| J8540 DE Q0091 SC Q0092 SE Q0162 ON Q4100 SK Q4101 AP Q4103 OA Q4104 INT Q4104 INT Q4106 DE Q4107 GR Q4108 INT Q4108 INT | EXAMETHASONE, ORAL, 0.25 MG EXAMETHASONE, ORAL, 0.25 MG |
|---|---|
| Q0091 SC Q0092 SE Q0162 ON Q4100 SK Q4101 AP Q4103 OA Q4104 INT Q4104 INT Q4106 DE Q4107 GR Q4107 GR Q4108 INT | |
| Q0092 SE Q0162 ON Q4100 SK Q4101 AP Q4103 OA Q4104 INT Q4104 INT Q4106 DE Q4107 GR Q4108 INT Q4108 INT | DEFENDING PARAMICOLAGULOMFAR |
| Q0162 ON Q4100 SK Q4101 AP Q4103 OA Q4104 INT Q4106 DE Q4107 GR Q4108 INT Q4108 INT Q4108 INT | CREENING PAPANICOLAOU SMEAR: |
| Q4100 SK Q4101 AP Q4103 OA Q4103 OA Q4104 INT Q4104 INT Q4106 DE Q4107 GR Q4107 GR Q4108 INT | ET UP PORTABLE XRAY |
| Q4101 AP Q4103 OA Q4103 OA Q4104 INT Q4104 INT Q4106 DE Q4107 GR Q4107 GR Q4108 INT | NDANSETRON 1 MG. ORAL |
| Q4103 OA Q4103 OA Q4104 INT Q4104 INT Q4106 DE Q4107 GR Q4107 GR Q4108 INT | KIN SUBSTITUTE, NOT OTHERWISE |
| Q4103 OA Q4104 INT Q4106 DE Q4107 GR Q4107 GR Q4108 INT | PLIGRAF, PER SQUARE CENTIMETE |
| Q4104 INT Q4104 INT Q4106 DE Q4107 GR Q4107 GR Q4108 INT Q4108 INT | ASIS BURN MATRIX, PER SQUARE |
| Q4104 INT Q4106 DE Q4107 GR Q4107 GR Q4108 INT Q4108 INT | ASIS BURN MATRIX, PER SQUARE |
| Q4106 DE Q4107 GR Q4107 GR Q4108 INT | TEGRA BILAYER MATRIX WOUND D |
| Q4107 GR Q4107 GR Q4108 INT Q4108 INT | TEGRA BILAYER MATRIX WOUND D |
| Q4107 GR Q4108 INT Q4108 INT | ERMAGRAFT, PER SQUARE CENTIME |
| Q4108 INT Q4108 INT | RAFTJACKET, PER SQUARE CENTIM |
| Q4108 IN1 | RAFTJACKET, PER SQUARE CENTIM |
| | TEGRA MATRIX, PER SQUARE CEN |
| Q4110 PR | TEGRA MATRIX, PER SQUARE CEN |
| | RIMATRIX, PER SQUARE CENTIMET |
| Q4110 PR | RIMATRIX, PER SQUARE CENTIMET |
| Q4111 GA | AMMAGRAFT, PER SQUARE CENTIME |
| Q4111 GA | AMMAGRAFT, PER SQUARE CENTIME |
| Q4112 CY | /METRA, INJECTABLE, 1CC |
| Q4112 CY | /METRA, INJECTABLE, 1CC |
| Q4113 GR | RAFTJACKET XPRESS, INJECTABLE |
| Q4113 GR | RAFTJACKET XPRESS, INJECTABLE |
| Q4114 IN7 | TEGRA FLOWABLE WOUND MATRIX, |
| Q4114 IN7 | TEGRA FLOWABLE WOUND MATRIX, |
| Q4116 AL | LODERM, PER SQUARE CENTIMETE |
| Q4122 DE | ERMACELL, DERMACELL AWM OR DE |
| Q4123 AL | LOSKIN RT, PER SQUARE CENTIM |
| Q4124 OA | ASIS ULTRA TRI-LAYER WOUND MA |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| SHORT - DESCRIPTION | |
|--------------------------------|--|
| ARTHROFLEX, PER SQUARE CENTIME | |
| MEMODERM, DERMASPAN, TRANZGRAF | |
| TALYMED, PER SQUARE CENTIMETER | |
| FLEX HD, ALLOPATCH HD, OR MATR | |
| STRATTICE TM, PER SQUARE CENTI | |
| HMATRIX, PER SQUARE CENTIMETER | |
| MEDISKIN, PER SQUARE CENTIMETE | |
| EZ-DERM, PER SQUARE CENTIMETER | |
| ALLOWRAP DS OR DRY, PER SQUARE | |
| AMNIOBAND OR GUARDIAN, PER SQU | |
| DERMAPURE, PER SQUARE CENTIMET | |
| DERMAVEST AND PLURIVEST, PER S | |
| BIOVANCE, PER SQUARE CENTIMETE | |
| NEOXFLO OR CLARIXFLO, 1 MG | |
| NEOX 100 OR CLARIX 100, PER SQ | |
| REVITALON, PER SQUARE CENTIMET | |
| HIGH OSMOLAR CONTRAST MAT 300- | |
| HIGH OSMOLAR CONTRAST MAT 300- | |
| PHAKIC INTRAOCULAR LENS FOR CO | |
| DELIVERY OF SIMPLE HIGH PRECIS | |
| DELIVERY OF COMPLEX HIGH PRECI | |
| IMAGING GUIDANCE FOR LOCALIZAT | |
| PSYCHIATRIC SERVICES COMPLICAT | |
| INTERACT PSYCH DIAG INTERV EXA | |
| PSYCHOTHERAPY FOR CRISIS, EACH | |
| MULTI-FAMILY PSYCHOTHERAPY., | |
| MULTI-FAMILY PSYCHOTHERAPY SUD | |
| PHARMACOLOGIC MANAGEMENT, INCL | |
| PSYCHIATRIC EVALUATION OF HOSP | |
| PREPARATION OF REPORT OF PATIE | |
| | ARTHROFLEX, PER SQUARE CENTIME MEMODERM, DERMASPAN, TRANZGRAF TALYMED, PER SQUARE CENTIMETER FLEX HD, ALLOPATCH HD, OR MATR STRATTICE TM, PER SQUARE CENTIMETER HMATRIX, PER SQUARE CENTIMETER MEDISKIN, PER SQUARE CENTIMETE EZ-DERM, PER SQUARE CENTIMETE ALLOWRAP DS OR DRY, PER SQUARE AMNIOBAND OR GUARDIAN, PER SQU DERMAPURE, PER SQUARE CENTIMET DERMAPURE, PER SQUARE CENTIMET DERMAVEST AND PLURIVEST, PER S BIOVANCE, PER SQUARE CENTIMET NEOXFLO OR CLARIX 100, PER SQ REVITALON, PER SQUARE CENTIMET HIGH OSMOLAR CONTRAST MAT 300- HIGH OSMOLAR CONTRAST MAT 300- HIGH OSMOLAR CONTRAST MAT 300- PHAKIC INTRAOCULAR LENS FOR CO DELIVERY OF SIMPLE HIGH PRECIS DELIVERY OF SIMPLE HIGH PRECIS DELIVERY OF SIMPLE HIGH PRECIS DELIVERY OF SOMPLEX HIGH PRECI IMAGING GUIDANCE FOR LOCALIZAT PSYCHIATRIC SERVICES COMPLICAT INTERACT PSYCH DIAG INTERVEXA PSYCHOTHERAPY FOR CRISIS, EACH MULTI-FAMILY PSYCHOTHERAPY MULTI-FAMILY PSYCHOTHERAPY MULTI-FAMILY PSYCHOTHERAPY SUD PHARMACOLOGIC MANAGEMENT, INCL PSYCHIATRIC EVALUATION OF HOSP |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| SHORT - DESCRIPTION | |
|--------------------------------|--|
| BIOFEEDBACK TRAINING BY ANY MO | |
| TREATMENT OF SPEECH, LANGUAGE, | |
| TEST FOR ABNORMAL EYE MOVEMENT | |
| TEST FOR ABILITY TO DETECT AND | |
| TEST FOR SCREENING HEARING USI | |
| TEST TO ASSESS HEARING SENSITI | |
| EVALUATION AND PRESCRIPTION OF | |
| THERAPY SERVICE FOR USE OF NON | |
| EVALUATION AND PRESCRIPTION OF | |
| AMBULATORY BLOOD PRESSURE MONI | |
| AMBULATORY BLOOD PRESSURE MONI | |
| OUTPATIENT HEART REHABILITATIO | |
| INHALATION TREATMENT FOR AIRWA | |
| THERAPY PROCEDURE USING A POSI | |
| INITIAL THERAPY SERVICE TO FAC | |
| APPLICATION OF HOT OR COLD PAC | |
| APPLICATION OF MECHANICAL TRAC | |
| APPLICATION OF ELECTRICAL STIM | |
| APPLICATION OF BLOOD VESSEL CO | |
| APPLICATION OF HOT WAX BATH | |
| APPLICATION OF WHIRLPOOL THERA | |
| APPLICATION OF HEAT WAVE THERA | |
| APPLICATION OF LOW ENERGY HEAT | |
| APPLICATION OF ULTRAVIOLET LIG | |
| APPLICATION OF ELECTRICAL STIM | |
| APPLICATION OF MEDICATION USIN | |
| APPLICATION OF HOT AND COLD BA | |
| APPLICATION OF ULTRASOUND, EAC | |
| APPLICATION OF WATER THERAPY U | |
| OTHER PHYSICAL MEDICINE SERVIC | |
| | BIOFEEDBACK TRAINING BY ANY MO TREATMENT OF SPEECH, LANGUAGE, TEST FOR ABNORMAL EYE MOVEMENT TEST FOR SCREENING HEARING USI TEST TO ASSESS HEARING SENSITI EVALUATION AND PRESCRIPTION OF THERAPY SERVICE FOR USE OF NON EVALUATION AND PRESCRIPTION OF AMBULATORY BLOOD PRESSURE MONI AMBULATORY BLOOD PRESSURE MONI OUTPATIENT HEART REHABILITATIO INHALATION TREATMENT FOR AIRWA THERAPY PROCEDURE USING A POSI INITIAL THERAPY SERVICE TO FAC APPLICATION OF HOT OR COLD PAC APPLICATION OF MECHANICAL TRAC APPLICATION OF BLOOD VESSEL CO APPLICATION OF HOT WAX BATH APPLICATION OF HOT WAX BATH APPLICATION OF HEAT WAVE THERA APPLICATION OF HEAT WAVE THERA APPLICATION OF HEAT WAVE THERA APPLICATION OF LOW ENERGY HEAT APPLICATION OF LOW ENERGY HEAT APPLICATION OF ULTRAVIOLET LIG APPLICATION OF MEDICATION USIN APPLICATION OF HOT AND COLD BA APPLICATION OF HOT AND COLD BA APPLICATION OF OWNETER THERAPY U |

<u>MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2021</u> Codes for Out-Patient Hospital Billing ONLY

| CPT/HCPCS | SHORT - DESCRIPTION | |
|-----------|--------------------------------|--|
| 97113 | THERAPY PROCEDURE USING WATER | |
| 97116 | THERAPY PROCEDURE FOR WALKING | |
| 97124 | THERAPY PROCEDURE USING MASSAG | |
| 97139 | OTHER THERAPEUTIC PROCEDURE | |
| 97140 | THERAPY PROCEDURE USING MANUAL | |
| 97150 | THERAPY PROCEDURE IN A GROUP S | |
| 97533 | THERAPY PROCEDURE USING SENSOR | |
| 97537 | TRAINING FOR COMMUNITY OR WORK | |
| 97542 | EVALUATION FOR WHEELCHAIR, EAC | |
| 97545 | EVALUATION FOR WORK HARDENING | |
| 97546 | EVALUATION FOR WORK HARDENING | |
| 97602 | REMOVAL OF TISSUE FROM WOUND G | |
| 97750 | TEST OR MEASUREMENT FOR FUNCTI | |
| 97755 | EVALUATION FOR ASSISTIVE TECHN | |
| 97760 | TRAINING IN THE USE OF ORTHOPE | |
| 97761 | TRAINING IN THE USE OF ARTIFIC | |
| 99078 | EDUCATION PROVIDED IN A GROUP | |
| 99152 | MODERATE SEDATION SERVICES BY | |